

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90027 027 ***158.75

DOCUMENT # K55194

1. Corporation Name
FUDPUCKER'S OF DESTIN, INC.



Principal Place of Business
20001-A EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address
20001-A EMERALD COAST PARKWAY
DESTIN FL 32541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1989

4. FEI Number
59-2922611

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



No

9. Name and Address of Current Registered Agent

RAHMES, GORDON R JR
4641 GULFSTARR DR
DESTIN FL 32541

10. Name and Address of New Registered Agent

81 Name

MELISSA E. JOHNSON, ESQ.

82 Street Address (P.O. Box Number is Not Acceptable)

SUITE 6-A, 151 REGIONS WAY

83

CLARK, PARTINGTON, HART & HART

84 City

DESTIN

FL

85 Zip Code

32541

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

3/15/99

DATE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KROEGER, CHESTER G.
STREET ADDRESS 606 LAGOON DR
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE DVST
NAME EDWARDS, TIMOTHY M
STREET ADDRESS 500 WALTON WAY
CITY-ST-ZIP DESTIN FL

☐ DELETE

TITLE VP
NAME FREY, MICHAEL J
STREET ADDRESS 198 KEL-WIN CIRCLE
CITY-ST-ZIP DESTIN FL 32541

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy M. Edwards 3-17-99

(850) 654-1544

Date

Daytime Phone #

CR2E034 (1/198)

0533773